

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.: 101599,058  
Filing Date:

Applicant(s):

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓			↓		TOTAL IND.		↓				↓
TOTAL DEP.	19	←			←		TOTAL DEP.		←				←
TOTAL CLAIMS	20						TOTAL CLAIMS						